8th Annual
PIKES PEAK LAVENDER FILM FESTIVAL

"Bringing quality international lesbian, gay, bisexual and transgender films to Colorado Springs"

P.O. Box 1987, Colorado Springs, CO 80901
Voice: (719) 386-6843 www.pplff.org E-mail: info@pplff.org

All in One Festival Sponsor Form

Please check the box by your sponsorship category.

SPONSORSHIP CATEGORIES	AMOUNT	YOU WILL RECEIVE:
☐ Over the Rainbow	$2000.00 and **above**	8 Full Festival Passes
☐ Rainbow Makers	$1000.00 to $1999.00	4 Full Festival Passes
☐ Lavender Angels	$500.00 to $999.00	2 Full Festival Passes
☐ Heart Throbbers	$200.00 to $499.00	1 Full Festival Pass
☐ Grass Rooters	$60.00 to $199.00	1 Opening Night Pass
☐ Donation for the Festival	$_____	Certificate of Appreciation

If you <u>also</u> wish to sponsor a film, please check the appropriate box.

FILM SPONSORSHIP LEVEL	AMOUNT	YOU WILL RECEIVE:
☐ Full Film Sponsorship	$600.00	2 Full Festival Passes
☐ Half Film Sponsorship	$300.00	1 Full Festival Pass
☐ Quarter Film Sponsorship	$150.00	2 tickets to your sponsored film

And, if you wish to purchase an ad in the Festival Program, please indicate which size/location below. Ad copy <u>must</u> be camera ready, or in an electronic format. We will contact you with requirements.

B & W: CENTER section ¼ page ad: ___ @ $ 125 ½ page ad: ___ @ $ 250

Full page ad: ___ @ $ 500

COLOR: Full page inside FRONT cover: ___ @ $ 1000

Inside BACK cover: ___ @ $ 1000

½ page either location: ___ @ $500

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Business or organization Name: _____

Business or organization Address: _____

City/State/Zip: _____ Phone: _____

Your Name:_____ **Home Phone:**_____

Home Address:_____ **City:**_____ **Zip:**_____

The **TOTAL** amount of my Festival Sponsorship **and/or** Film Sponsorship **and/or** Ad is:

$ _____ Paid by check #:_____ **OR** Visa ___ MasterCard___

Card #_____ Card Expiration Date: _____

THANK YOU for your support of the Festival.

The Pikes Peak Lavender Film Festival (PPLFF) is a 501 (c)(3) non-profit organization. Donations are tax deductible as allowed by law.

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Festival Program Information

Date: _____

Your Name: _____ **Home Phone #:**_____

Home Address: _____ **City:** _____

ZIP: _____

Please check your sponsorship level:

Grass Rooters ( )

Heart Throbbers ( ) Lavender Angels ( )

Rainbow Makers ( ) Over the Rainbow Makers ( )

How would you like yourself or your business/organization listed in the Festival Program?

Business/Organization mailing address:

Street or PO Box: _____

City: _____ **ZIP:** _____

Business/Organization Phone #: _____

Business/Organization web address:

_____

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